

## **REVISED SATISFACTORY ACADEMIC PROGRESS PLAN ELIGIBILITY REINSTATEMENT**

**Purpose:** You have been denied financial aid because you did not meet one or more of the Satisfactory Academic Progress requirements. In order to evaluate if federal financial aid can be reinstated, the LC State Financial Aid Office must verify how many credits, semesters, and cumulative GPA you need to be compliant for the stated degree or certificate objective. Please return this completed form to: **Lewis-Clark State College Financial Aid Office, RCH 110, 500 8<sup>th</sup> Avenue, Lewiston, Idaho 83501**

Student Name: \_\_\_\_\_ LC State ID#: \_\_\_\_\_

Major: \_\_\_\_\_ Degree or Certificate: \_\_\_\_\_

**Student:** With the help of your academic advisor, identify the courses required for your degree/certificate and the term during which you will take each course for two or more semesters (general education, major, minor, electives, upper division, etc).

**Academic Advisor:** After this plan is completed, please review and sign it verifying you approve the course schedule and all courses listed are needed for the student to graduate.

**Anticipated Graduation Date:** \_\_\_\_\_

| FALL SEMESTER: _____ |        |              |     |
|----------------------|--------|--------------|-----|
| DEPT                 | NUMBER | COURSE TITLE | CRS |
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| SPRING SEMESTER: _____ |        |              |     |
|------------------------|--------|--------------|-----|
| DEPT                   | NUMBER | COURSE TITLE | CRS |
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| FALL SEMESTER: _____ |        |              |     |
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| DEPT                 | NUMBER | COURSE TITLE | CRS |
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| SPRING SEMESTER: _____ |        |              |     |
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| DEPT                   | NUMBER | COURSE TITLE | CRS |
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**I have met with this student and verify the courses listed above are needed to complete the identified major.**

Advisor Name (print): \_\_\_\_\_ Phone: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- I have met with my academic advisor and agree to register for the courses listed. I understand I must have a minimum grade point average (GPA) of 2.0 at the end of each semester and I must have a cumulative 2.0 GPA at the end of my plan.
- **I understand withdrawing from or failing courses while on a Satisfactory Academic Progress Plan will be considered failing the Satisfactory Academic Progress Plan and result in the loss of financial aid eligibility.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_